ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):	FOR COURT USE ONLY
TELEPHONE NO.: FAX NOS.:	
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO	
JUVENILE COURT	
☐ 2851 MEADOW LARK DR., SAN DIEGO, CA 92123-2792	
☐ 325 S. MELROSE DR., VISTA, CA 92083-6634	
☐ 500 3RD AVE., CHULA VISTA, CA 91910-5649	
☐ 250 E. MAIN ST., EL CAJON, CA 92020-3941	
IN THE MATTER OF	
A MINOR	
A MINOR	CASE NO.:
NOTICE OF ATTORNEY OF RECORD	OAGE NO
I give notice that I have been retained by	
to represent the	
at future hearings in the above-entitled court.	
Dated:	
Signature of Retained Attorney	